

TACTICAL RESPONSE REPORT/Chicago Police Department

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|---|--|--|----------------------------------|--|---|--|--|--------------------------------|---|------------------------------|---|--|---|--|--------------------------|--|--|--|-----------------------|--|
| MEMBER INVOLVED | 1. DATE OF INCIDENT 06-FEB-2012 | | TIME 22:35:00 | | 2. ADDRESS OF OCCURRENCE [REDACTED] | | | 3. LOCATION CODE 291 | | 4. BEAT/OCCUR 0423 | | | | | | | | | | |
| | 5. POSITION 9161 | | 6. LAST NAME STAPLETON | | 7. FIRST NAME SCOTT S | | 8. STAR NO. 8945 | | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE WHI | | 11. AGE [REDACTED] | | 12. HT. 509 | | 13. WT. 152 | | | |
| | 14. DATE OF APPT. 31-JUL-2006 | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 004 0462F | | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | | | |
| SUBJECT INFORMATION | 20. LAST NAME [REDACTED] | | | | 21. FIRST NAME [REDACTED] | | | | 22. M.I. [REDACTED] | | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24. RACE BLK | | 25. D.O.B. [REDACTED] | | 26. HT. 510 | | 27. WT. 150 | |
| | 28. ADDRESS 60617 | | | | 29. TELEPHONE NO. [REDACTED] | | | | 30. WAS SUBJECT ARMED? HANDS/FISTS, FIREARM - REVOLVER <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | 31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | |
| | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? SOUTH SHORE HOSPITAL | | | | 34. BY WHOM? REFUSED BY ER | | | | 35. CONDITION <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | | | | | | | | | | |
| REASON FOR USE OF FORCE (Check all that apply) | 36. CHARGES PLACED 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22, 720 ILCS 5.0/24-1.6-A-2 | | | | | | | | | | | | | | | | | | | |
| | 37. CB NO. [REDACTED] IR NO. <input type="checkbox"/> DNA | | | | | | | | | | | | | | | | | | | |
| | 38. DNA <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| SUBJECT'S ACTIONS | PASSIVE RESISTER | | | | ACTIVE RESISTER | | | | ASSAILANT: ASSAULT | | | | ASSAILANT: BATTERY | | | | ASSAILANT: DEADLY FORCE | | | |
| | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | | | | FLED <input checked="" type="checkbox"/> | | | | IMMINENT THREAT OF BATTERY <input type="checkbox"/> | | | | ATTACK WITH WEAPON <input type="checkbox"/> | | | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> | | | |
| | STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | | | | PULLED AWAY <input checked="" type="checkbox"/> | | | | OTHER PUSHED AWAY | | | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | | | | WEAPON <input type="checkbox"/> | | | |
| MEMBERS RESPONSE | MEMBER PRESENCE <input checked="" type="checkbox"/> | | | | OPEN HAND STRIKE <input checked="" type="checkbox"/> | | | | ELBOW STRIKE <input type="checkbox"/> | | | | KNEE STRIKE <input type="checkbox"/> | | | | FIREARM <input type="checkbox"/> | | | |
| | VERBAL COMMANDS <input checked="" type="checkbox"/> | | | | TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> | | | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | | | KICKS <input type="checkbox"/> | | | | OTHER <input type="checkbox"/> | | | |
| | ESCORT HOLDS <input type="checkbox"/> | | | | OC CHEMICAL WEAPON <input type="checkbox"/> | | | | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | | | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | | | | | | |
| WEAPON DISCHARGE INCIDENT | WRESTLOCK <input type="checkbox"/> | | | | CANINE <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | ARMBAR <input type="checkbox"/> | | | | TASER (Probe Discharge) <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | |
| | PRESSURE SENSITIVE AREAS <input type="checkbox"/> | | | | TASER (Contact Stun) <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | CONTROL INSTRUMENT <input type="checkbox"/> | | | | TASER (Laser Targeted) <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> | | | | TASER (Spark Displayed) <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | OTHER <input type="checkbox"/> | | | | OTHER <input type="checkbox"/> | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 39. DNA <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| | 40. ADDITIONAL INFORMATION | | | | | | | | | | | | | | | | | | | |
| | 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | | | | | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | | | | | | | | | | | | | | | | | | |
| | 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | | | | | | | | | | | | | | | | | | |
| | 44. WEATHER CONDITIONS CLEAR | | | | | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 45. MAKE/MANUFACTURER | | | | | | | | | | | | | | | | | | | |
| | 46. MODEL | | | | | | | | | | | | | | | | | | | |
| | 47. BARREL LENGTH | | | | | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 48. CALIBER/GAUGE | | | | | | | | | | | | | | | | | | | |
| | 49. TASER DART ID NO. C31013M94 | | | | | | | | | | | | | | | | | | | |
| | 50. WEAPON SERIAL No. (Include Letters) X00022092 | | | | | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 51. CHICAGO GUN REG. NO. | | | | | | | | | | | | | | | | | | | |
| | 52. IL FIREARM OWNER ID. NO. | | | | | | | | | | | | | | | | | | | |
| | 53. HANDGUN CERTIFICATE NO. | | | | | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 54. SPECIAL WEAPON CERTIFICATE NO. | | | | | | | | | | | | | | | | | | | |
| | 55. PROPERTY INVENTORY NO. | | | | | | | | | | | | | | | | | | | |
| | 56. TYPE OF AMMUNITION USED | | | | | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1 | | | | | | | | | | | | | | | | | | | |
| | 58. TOTAL NO. OF SHOTS MEMBER FIRED | | | | | | | | | | | | | | | | | | | |
| | 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | | | | | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | | | | | | | | | | |
| | 61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED | | | | | | | | | | | | | | | | | | | |
| | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) | | | | | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | | | | | | | | | | | | | | | | | | | |
| | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | | | | | | | | | | | | | | | | | | |
| | 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | | | | | | | | | | | | | | | | | | |
| | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | | | | | | | | | | | | | | | | | | |
| | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | | | | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| CASE INFO. | 70. EVENT NO. [REDACTED] | | | | | | | | | | | | | | | | | | | |
| | 71. R.D. NO. [REDACTED] | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| SIGNATURES | 72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | | | | | | | | | | | |
| | 73. REPORTING MEMBER (Print Name) STAPLETON, SCOTT S STAR/EMPLOYEE NO. 8945 SIGNATURE [REDACTED] | | | | | | | | | | | | | | | | | | | |
| | 74. REVIEWING SUPERVISOR (Print Name) PIECHOCKI, JOHN M STAR NO. 1349 SIGNATURE [REDACTED] | | | | | | | | | | | | | | | | | | | |
| SIGNATURES | DATE REVIEWED 07-FEB-2012 01:32:03 | | | | | | | | | | | | | | | | | | | |
| | TIME 07-FEB-2012 01:32:03 | | | | | | | | | | | | | | | | | | | |
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WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

The subject was interviewed in the 4th District and stated: "I had a little weed on me...I didn't want to go to jail."

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer's response to the the Assailant was in accordance with Department Use of Force Policy and Directives. The above CL Number was obtained per policy directive.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1051733 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

RICHARDS, MAURICE V

SIGNATURE

DATE COMPLETED

TIME

07-FEB-2012 01:47:30

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

2

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)